

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 09/433,418
APPLICANT(S)

FILED DATE

5-21-04

CLAIMS

	ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2		/					52								
3		/					53								
4	/	/					54								
5		/					55								
6		/					56								
7	/	/					57								
8	/	/					58								
9		/					59								
10		/					60								
11		/					61								
12	/	/					62								
13	/	/					63								
14	/	/					64								
15	/	/					65								
16	/	/					66								
17	/	/					67								
18	/	/					68								
19	/						69								
20		/					70								
21		/					71								
22	/	/					72								
23		/					73								
24		/					74								
25	/	/					75								
26	/	/					76								
27		/					77								
28		/					78								
29		/					79								
30	/	/					80								
31	/	/					81								
32	/	/					82								
33	/	/					83								
34	/	/					84								
35	/	/					85								
36	/	/					86								
37	/	/					87								
38	/	/					88								
39		/					89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	15						TOTAL DEP.								
TOTAL CLAIMS	17						TOTAL CLAIMS								